

# VIOLENCE, VANDALISM, AND SUBSTANCE ABUSE INCIDENT REPORT FORM

2001-2002

## INCIDENT INFORMATION

**INCIDENT HEADER** (One incident record only for all offenders and victims)

System-Assigned

Incident Number \_\_\_\_\_

**School Name:** \_\_\_\_\_

**Location:** \_\_\_\_\_ Cafeteria \_\_\_\_\_ Classroom \_\_\_\_\_ Corridor \_\_\_\_\_ Other inside school \_\_\_\_\_ School grounds \_\_\_\_\_ Bus \_\_\_\_\_ Building exterior \_\_\_\_\_ District office  
\_\_\_\_\_ Other outside \_\_\_\_\_ Receiving School

**Date of Incident:** \_\_\_\_\_

**Time of Incident:** \_\_\_\_\_

**Bias incident:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Police notification:** \_\_\_\_\_ None \_\_\_\_\_ Police notified, complaint filed \_\_\_\_\_ Police notified, no complaint filed

**Contact Name:** \_\_\_\_\_ **Contact Phone #** \_\_\_\_\_

### INCIDENT DETAIL

Check the items which describe the incident and, if applicable, the type of weapon, bomb or substance.

#### VIOLENCE

\_\_\_\_\_ Simple Assault  
\_\_\_\_\_ Aggravated Assault  
\_\_\_\_\_ Fight  
\_\_\_\_\_ Gang Fight  
\_\_\_\_\_ Robbery  
\_\_\_\_\_ Extortion  
\_\_\_\_\_ Sex Offense  
\_\_\_\_\_ Threat

#### VANDALISM

\_\_\_\_\_ Arson  
\_\_\_\_\_ Burglary  
\_\_\_\_\_ Damage to Property  
\_\_\_\_\_ Fireworks Offense  
\_\_\_\_\_ Theft  
\_\_\_\_\_ Trespassing

Cost to LEA: \$ \_\_\_\_\_

#### SUBSTANCE ABUSE

\_\_\_\_\_ Use  
\_\_\_\_\_ Possession  
\_\_\_\_\_ Distribution

#### SUBSTANCE ABUSE

\_\_\_\_\_ Alcohol \_\_\_\_\_ Anabolic steroids  
\_\_\_\_\_ Marijuana \_\_\_\_\_ Unauthorized prescription drugs  
\_\_\_\_\_ Amphetamines \_\_\_\_\_ Inhalants  
\_\_\_\_\_ Crack \_\_\_\_\_ Drug paraphernalia  
\_\_\_\_\_ Cocaine  
\_\_\_\_\_ Hallucinogens (e.g. LSD, PCP)  
\_\_\_\_\_ Narcotics (e.g. heroin, morphine)  
\_\_\_\_\_ Depressants (e.g. barbiturates, tranquilizers)

#### WEAPONS

##### **BOMB TYPE**

\_\_\_\_\_ Explosive devise  
(detonated)  
\_\_\_\_\_ Explosive devise  
(not detonated, but  
possible)  
\_\_\_\_\_ Fake bomb (detonation  
not possible)  
\_\_\_\_\_ Bomb threat (no bomb  
found)

##### **OFFENSE**

\_\_\_\_\_ Possession of Firearm  
\_\_\_\_\_ Assault with a Firearm  
\_\_\_\_\_ Sale or Transfer of Firearm  
\_\_\_\_\_ Assault with Other Weapon  
\_\_\_\_\_ Possession of Other Weapon  
\_\_\_\_\_ Sale or Transfer of Weapon

##### **FIREARM TYPE**

\_\_\_\_\_ Handgun  
\_\_\_\_\_ Rifle or shotgun  
\_\_\_\_\_ BB, air  
or pellet gun

##### **OTHER WEAPON TYPE**

\_\_\_\_\_ Knife, Blade  
\_\_\_\_\_ Pin  
\_\_\_\_\_ Chain, Club  
\_\_\_\_\_ Mace, Spray  
\_\_\_\_\_ Imitation gun  
\_\_\_\_\_ Other

**Incident Description: (optional)** \_\_\_\_\_  
\_\_\_\_\_

#### **OFFENDER (Check One):**

- ☐ Known – Attach Offender Page(s)  
☐ Unknown – Do not attach Offender Page

Signature 1

Title

Date

Signature 2 (principal)

Date

## VV-SA, OFFENDER INFORMATION, 2001-2002

Please complete the following information for EACH offender involved in the incident.

### OFFENDER TYPE

- ☐ Regular education student  
☐ Student with a disability  
☐ Student from another district  
☐ Non-student

**STUDENT ID NUMBER:** \_\_\_\_\_  
(DISTRICT STUDENTS ONLY)

**STUDENT NAME:** \_\_\_\_\_  
(DISTRICT STUDENTS ONLY)

System-Assigned  
Incident Number \_\_\_\_\_

For district students only, check the items which describe any action taken regarding this offender.

**OAL determination:** ☐ Yes ☐ No (FOR STUDENTS WITH DISABILITIES ONLY: See the User Manual for a definition of OAL.)

**Disciplinary action taken:** ☐ None ☐ Expulsion ☐ Removal to alternative education ☐ In-school suspension ☐ Out-of school suspension ☐ Other

**Days suspended or removed:** \_\_\_\_\_

**If removed to alternative education program:** ☐ Homebound instruction ☐ In-district alternative program/school ☐ Other in-district setting  
☐ Out-of-district alternative program/school ☐ Other out-of-district setting ☐ County alternative education program

**Individualized Education Program Services Received:** ☐ Yes ☐ No (FOR STUDENTS WITH DISABILITIES ONLY)

For district students only. Check the categories that describe the offender.

### OFFENDER GENDER

- ☐ Male  
☐ Female

### OFFENDER RACE/ETHNICITY

- ☐ American Indian  
☐ Asian or Pacific Islander  
☐ Black or African-American  
☐ Hispanic or Latino  
☐ White (Not Hispanic)

LEP: ☐ Check if "Yes."

Section 504: ☐ Check if "Yes."

### SPECIAL EDUCATION ELIGIBILITY CRITERIA

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Autism                | <input type="checkbox"/> Hearing impairments   | <input type="checkbox"/> Other health impairments       | <input type="checkbox"/> Speech language impairments |
| <input type="checkbox"/> Deaf-blindness        | <input type="checkbox"/> Multiple disabilities | <input type="checkbox"/> Orthopedic Impairments         | <input type="checkbox"/> Traumatic brain injury      |
| <input type="checkbox"/> Emotional disturbance | <input type="checkbox"/> Mental retardation    | <input type="checkbox"/> Specific learning disabilities | <input type="checkbox"/> Visual impairments          |

Check the type of incident involving this offender:

- ☐ Violence ☐ Vandalism ☐ Weapon ☐ Substance Abuse

## VV-SA, VICTIM INFORMATION, 2001-2002

Please complete the following information for EACH victim involved in the incident.

**VICTIM TYPE**

- |  |   |
|--|---|
| <input type="checkbox"/> Regular student               | <input type="checkbox"/> School personnel |
| <input type="checkbox"/> Student with disabilities     | <input type="checkbox"/> Non-student      |
| <input type="checkbox"/> Student from another district |   |

**STUDENT ID NUMBER:** \_\_\_\_\_  
(DISTRICT STUDENTS ONLY)

**STUDENT NAME:** \_\_\_\_\_  
(DISTRICT STUDENTS ONLY)

System-Assigned Incident Number _____
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For district students only. Check the categories that describe the victim.

**VICTIM GENDER**

- ☐ Male  
☐ Female

**VICTIM RACE/ETHNICITY**

- ☐ American Indian  
☐ Asian or Pacific Islander  
☐ Black or African-American  
☐ Hispanic or Latino  
☐ White (Not Hispanic)

**SPECIAL EDUCATION ELIGIBILITY CRITERIA**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Autism                | <input type="checkbox"/> Hearing impairments   | <input type="checkbox"/> Other health impairments       | <input type="checkbox"/> Speech language impairments |
| <input type="checkbox"/> Deaf-blindness        | <input type="checkbox"/> Multiple disabilities | <input type="checkbox"/> Orthopedic Impairments         | <input type="checkbox"/> Traumatic brain injury      |
| <input type="checkbox"/> Emotional disturbance | <input type="checkbox"/> Mental retardation    | <input type="checkbox"/> Specific learning disabilities | <input type="checkbox"/> Visual impairments          |